

## Exhibit 33



**TED STRICKLAND**  
GOVERNOR  
STATE OF OHIO

## **Executive Order 2010 – 4S**

### **Establishing the Ohio Prescription Drug Abuse Task Force**

- 1. Prescription drug abuse is a national public health problem.** The Association of State and Territorial Health Officials recognizes prescription drug overdoses as a national public health concern. A 2006 Centers for Disease Control report demonstrated that between 1995 and 2005, the annual number of unintentional drug overdose deaths in the United States more than doubled due to increasing deaths from prescription drugs. The Substance Abuse and Mental Health Services Administration reported that the number of admissions for substance abuse treatment for prescription drugs increased by 141% from 1998 to 2006. These increases in prescription drug overdoses and abuse have created a considerable strain on public health across the country, hitting particularly hard in rural areas in Southern and Midwestern states.
- 2. Ohio's prescription drug abuse problem is an epidemic.** In 2007, unintentional drug poisoning became the leading cause of injury death in Ohio, surpassing motor vehicle crashes and suicide for the first time on record. From 1999 to 2007, Ohio's death rate due to unintentional drug poisonings increased more than 300 percent. The increase in deaths has been driven largely by prescription drug overdoses caused by opioids (pain medications). Prescription opioids are associated with more overdoses than any other prescription or illegal drug, including cocaine and heroin.
- 3. Significant efforts to address the problem of prescription drug abuse are currently underway.** Various federal, state and local agencies and officials are currently working to combat the problem of prescription drug abuse.

- a. The Ohio Department of Health and the Ohio Department of Alcohol and Drug Addiction Services have combined the efforts of their respective pre-existing groups, the Poison Action Group/New and Emerging Drug Trends Workgroup, into a single entity working to develop state-level recommendations and strategies to address unintentional prescription drug abuse and fatalities. This group includes state and local government, law enforcement, coroner, prosecutor, public health, health care, medical professional, education, and non-profit advocacy representatives.
- b. The Ohio Office of Criminal Justice Services housed within the Department of Public Safety acts as a liaison with law enforcement and drug task forces throughout the state, and has been serving as a resource in helping to address the legal and law enforcement issues related to prescription drug abuse in Ohio.
- c. The Department of Job and Family Services works to ensure that Medicaid fraud is not present within its Medicaid program and has taken various steps in that regard concerning prescription drug abuse including lowering the amount of Oxycontin that can be dispensed at one time, requiring that all Medicaid prescriptions be made on tamper resistant prescription pads, and promoting the use of CyberAccess, a web-based tool that provides prescribers and/or their authorized staff with the ability to review two years of patients' prescribed drug history paid by Medicaid.
- d. The Ohio Attorney General's Office helps coordinate law enforcement activities, including those dealing with prescription drug abuse. Currently, the Ohio Attorney General's Office efforts are focused on organized stakeholder outreach and educating law enforcement about the widespread problem of prescription drug abuse.
- e. The Ohio Medical and Pharmacy Boards are each involved in efforts to revoke the licenses of doctors and pharmacists who improperly provide access to prescription drugs.
- f. U.S. Senator Sherrod Brown recently convened a meeting in Chillicothe of federal agency representatives, including representatives from the Drug Enforcement Administration and the Centers for Medicare and Medicaid Services, able to provide resources and strategic assistance with the fight against prescription drug abuse in Ohio.

- g. There are a range of local task forces and working groups addressing the prescription drug abuse problem, including groups in Adams, Lawrence, Lorain, Scioto, and Warren counties and in Northeast Ohio.
- h. There are also legislative efforts being undertaken by the Ohio General Assembly.

4. Ohio needs a more coordinated, multi-disciplinary, multi-jurisdictional approach to the problem of prescription drug abuse. Too many Ohioans have lost their lives or have been impacted by the devastating effects of addiction because of abuse and diversion of prescription drugs. The efforts to combat prescription drug abuse that are already underway would benefit from greater coordination. Accordingly, I order the establishment of an Ohio Prescription Drug Abuse Task Force (OPDATF). The Task Force is charged with undertaking the following efforts to undermine prescription drug abuse in Ohio:

- a. Research and problem clarification designed to inform law enforcement, public health and legislative strategies.
- b. Identification of law enforcement strategies for potential implementation by federal, state and local law enforcement officials.
- c. Identification of public health strategies for potential implementation by public and private health care community officials and representatives.
- d. Identification of legislative strategies for consideration by the Ohio General Assembly.
- e. Identification of other strategies which might help alleviate the harm and danger of prescription drug abuse in Ohio.

5. **OPDATF Membership.** The Chair of the Task Force will be the Assistant Director of the Ohio Department of Public Safety and the Vice-Chair will be the Director of the Ohio Department of Health, who shall serve as Task Force chair in the absence of the Assistant Director of Public Safety. I will appoint the following additional individuals to the Task Force:

- a. The Directors (or their designees) of the Departments of Alcohol and Drug Addiction Services and Job and Family Services;

- b. One person designated by each of the following: the Ohio Medical Board and the Ohio Pharmacy Board;
- c. One person designated by the Ohio Attorney General;
- d. One of each of the following local government officials: county sheriff, county prosecutor, county coroner, county or city public health director, and police chief;
- e. One person designated by each of the following: the U.S. Department of Justice, the U.S. Department of Health and Human Services, and U.S. Senators Brown and Voinovich;
- f. One representative from each of the following organizations as recommended by the organization's chief executive officer:
  - i. Ohio State Medical Association
  - ii. Ohio Osteopathic Association
  - iii. Ohio Pharmacists Association
  - iv. Ohio Hospital Association
  - v. Ohio Poison Control Collaborative;
- g. One legislator recommended to me by each of the following:
  - i. The Speaker of the Ohio House of Representatives
  - ii. The President of the Ohio Senate
  - iii. The Minority Leader of the Ohio House of Representatives
  - iv. The Minority Leader of the Ohio Senate; and
- h. Such other persons as I may deem appropriate in consultation with the Task Force chair and vice-chair.

6. **OPDATF Operations.** The Task Force shall meet collectively or in work-groups as it deems appropriate and may include individuals who are not members of the Task Force, including individuals from the groups listed in paragraph 3 of this Order, in any work groups it may form. Members of the Task Force will not receive compensation for their service to the Task Force and the Departments of Public Safety and Health will provide staff support to the work of the Task Force.

7. **OPDATAF Reporting.** Within six weeks of the issuance of this Order, and on October 1 of this year, the chair shall provide a report to the Governor and to the leaders of the Ohio General Assembly regarding the work of the Task Force. In its first report, the Task Force shall review the recommendations issued by the Poison Action Group/New and Emerging Drug Trends Work Group and recommend which, if any, of their recommendations should be adopted immediately. Each report shall address the law enforcement, regulatory, public health and treatment recommendations of the Task Force. The Task Force should not wait for a scheduled reporting time to work for the implementation of recommendations developed by the Task Force.
8. I signed this Executive Order on April 2, 2010, in Columbus, Ohio, and it will not expire unless it is rescinded.



Ted Strickland  
Ted Strickland, Governor

ATTEST:

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Jennifer Brunner, Secretary of State